			Application or Docket Number										
	PATENT.A	AFPLICATIO Effecti		(65 E	399	-0/2	9					
CLAIMS AS FILED - PART I									. EN	ITITY		OTHER	
TO	TAL CLAIMS		(Column		(Column 2)		1	TYPE		FEE	OR	SMALL	
 			20					BASIC		370.00	\forall	RATE	FEE
FO			NUMBER FILED		NUMBER EXTRA			BASIC	T E E	370.00	YOR	BASIC FEE	740.00
TO	TAL CHARGEA	BLE CLAIMS	20 minus 20=		· p			X\$ 9=			OR	X\$18=	
_	EPENDENT CL		3 minus 3 =		φ			X42=			OR	X84=	1
MU	LTIPLE DEPEN	IDENT CLAIM PF	RESENT		,			+140=			OR	+280=	-
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	740	
	С						OTHER						
ļ,	(Column 1)		(Colur				SI	SMAI	LL E	NTITY	OR	SMALL	
NT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATI		ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 9	Minus		,O	=	11	X\$ 9	=		OR	X\$18=	
ME	Independent	• 2	Minus	***	3	a /		X42:			OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	_	1	OR	+280=	
·									IAL EE		OR	TOTAL	\
	(Column 1) (Column 2) (Column 3											ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	=	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESE	NTATION OF ML	JETIPLE DEF	ENDEN	COAIM] [+140	=	abla	OR	+280=	7
									AL EE	1	OR	TOTAL ADDIT. FEE	
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AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA		RATE		ADDI- TIONAI FEE	.]	RATE	ADDI- TIONAL FEE
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I WE	Independent	•	Minus	894		-]	X42=			OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140:	\dashv		7	.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									= AL	ويضميدي	OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." All											OR	TOTAL ADDIT. FEE	
		ther Previously Pai					er lou	ind in the	арр	ropriate t	xox in co	duma 1.	
FORM	4 PTO-875 (Rev. 8)	011				 	Pate	ent and Tr	adom	ark Office,	U.S. DE	PARTMENT OF	COMMERCE

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